

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO. <div style="font-size: 1.2em;">10049368</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						61						
2		/					62						
3		/					63						
4		/					64						
5		/					65						
6		/					66						
7	/						67						
8		/					68						
9		/					69						
10			/		/		70						
11				/		/	71						
12				/		/	72						
13				/		/	73						
14				/		/	74						
15				/		/	75						
16			/		/		76						
17				/		/	77						
18				/		/	78						
19				/		/	79						
20				/		/	80						
21			/		/		81						
22				/		/	82						
23				/		/	83						
24				/		/	84						
25				/		/	85						
26			/		/		86						
27				/		/	87						
28				/		/	88						
29				/		/	89						
30				/		/	90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.			4		4		TOTAL IND.						
TOTAL DEP.			11		12		TOTAL DEP.						
TOTAL CLAIMS			15		16		TOTAL CLAIMS						